CAMPAIGN FINANCIAL DISCLOSURE STATEME

	d Local Candidates  ndidate Committees								
1 DATE OF REPORT 2.a. NAME OF C	CANDIDATE OR COMMITTEE Way 2022								
	too to Floot ( 1 Williams ELECTESON ).								
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE  2022								
C. L. Williams	2022 "W/OW								
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State Zip Code Phone								
171 Hale Rd, Watertown	TN 37184 6155844868								
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone								
605 C.L. Manier St. Lebano	n TN 37087 615-927-8836								
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)								
County Commission District 20	Charles L. Smith								
7. CATEGORY OR REPORT (Check one)									
FIRST SECOND THIRD FOURTH	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL								
QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL  8.b. ENDING DATE OF REPORTING PERIOD								
10-1-22	1-15-23								
9. (Check one)	,								
<ul> <li>a.                This campaign is exempt from detailed disclosure becau tures total \$1,000 or less for this reporting period. (Com</li> </ul>	se contributions (including in-kind) received total \$1,000 or less AND expendiplete items 12d., 12e. and 12f.)								
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.									
accurate accounting of campaign contributions and expenditure	d in this campaign financial disclosure report is true and that this report is an es required to be reported by the candidate committee by the Campaign to campaign contributions have been expended for the personal financial sedefined by the federal internal revenue code  Signature of political treasurer date								
11. WITNESS SIGNATURE  Signature of witness date	3 Promotion Smith 2-2323 signature of witness date								
12. SUMMARY									
a. BALANCE ON HAND LAST REPORT	\$ 1,283,86								
b. TOTAL RECEIPTS THIS PERIOD	\$								
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ ———								
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>1,283,86</u>								
e. TOTAL LOANS OUTSTANDING	\$ <u>400,00</u>								
	A								
f. TOTAL OBLIGATIONS OUTSTANDING	\$								





									RECEIVED FEB 22 2023	
									FEB 22	
ITEMIZE	D STA	TE	MEN	T OF	LOAN	IS - C	ANDI	DAT	ESON COM	
NAME OF CANDIDATE OR COMMITTEE						2.	REPORT C	OVERIN	NG THE PERMODSION	
Committee To El		L.	Will	ams		FI /	ROM: 0-1-20	22	ro: 1-15-2023	
3. COMPLETE THE APPROPRIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	loans totaling r	nore than \$10					
Complete the Following for the Source of the Loan										
First Name Calderon "C. L." Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received				Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name			40	0000 0 0 4000					0000	
Address 605 C. L. Manier	Address ( )			Loan Received For:  Da  Primary Election  General Election				ate of Loan		
City Lebanon TV	Zip Code 370			(Local Elections Only)						
List All Endo	7		or Above Loa		ice is neede	d please attac	h a page)	lgpas v		
First Name	Middle Name	е		First Name				Middle N	ame	
Last Name/Organization Name			Last Name/Organization Name							
Address										
City	State	Zip Co	ode	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ding				
First Name	Middle Name			First Name				Middle N	Middle Name	
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	State	Zip Co	ode	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ding				
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	State	Zip Co	ode	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ding				
First Name	Middle Name			First Name Middle					ame	
Last Name/Organization Name			Last Name/Organization Name							
Address				Address						
City	State	Zip Co	ode	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
4. Totals for all Loans (complete on last page of	itemized loa	ns)		Outstanding Lo		Loans Received	Loai Paym		Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16. on (Total loan payments should also be shown in item 20. on (Total outstanding loan balance should also be shown in item 20.	summary page.	)		40		-0-	-0		40000	